BIRTH NO. PLACE OF DEATH R. COUNTY ON A P. OPENIARY REG. DIST. NO. OPENIARY REG. DIST	II	ii.	THE DIVISION OF HE			40450
BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. PRI	FILED JUL 1-	195 5	STANDARD CERTIF	ICATE OF DEA	TH State	18450 File No.
1. PLACE OF DEATH 1. COUNTY 1.	BIRTH NO.	· · · · · · · · · · · · · · · · · · ·	REG. DIST. NO. 140_	PRIMARY REG. DIST.	NO. 3024 Regis	itrar's No. 54
D. CITY of worked sorphisms facility and every control of the cont	· · · - · · - · - ·	А УГН	_		MCE WELL IN	1 74 / 1 1
OR TOWN OF THE STATE OF CHARGE OF C	<i>H</i>	OWAI	PD	/// 15	SOURP. COL	UNTCARROLL Admission).
ADDRESS ADDRESS A. (PISS) B. (Middle) C. (Last) D. (Last) D. (Month) D. (D. (Last) D. (Last) D. (Month) D. (Month	OR	VETT	AAC and give c. LENGTH OF STAY (in)this place)	OR back.	KENDA	d. Is Residence within limits of city or proporated town?
DECEASED (Type or Print) 5. SEX (Type or Print) 5. SEX (Type or Print) 6. COLOR OR RACE (Type or Print) 7. MARRIED, NEVER MARRIED (MODIFIED) 10. CENAL OCCUPATION (Give blad of work (Monthal) 10. CENAL OCCUPATION 10. CEN	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or insti	intion, give street address or location)	STREET ADDRESS	(If tural, give location)	0/10
Type or Print Type or Type	3. NAME OF	a. (First)	b. (Middle)	c. (Last)		(Month) (Day) (Year)
WIDOUED DIVORED BUSINESS OR IN. WIDOUED BUSINESS OR IN. WANT OF WAR OF HISTORY OR WIFE BUSINESS OR IN. WANT OF WAR OF HISTORY OR WIFE BUSINESS OR IN. WIND HALL BUSINESS OR IN. WIDOUED BUSINESS OR IN. WANT OF WAR OF HISTORY OR IN. WIND HALL BUSINESS OR IN. W		JOHN	C_{i} A	HUSTED.		me 21, 1955
DATE RECUBY OF DEATH 10. KIND OF BUSINESS OR IN. DUSTRY 12. ACCIDENT COMMITTED 13. MALE CONTROL OF DUSTRY 14. ACCIDENT CONTROL OF DUSTRY 15. MALE CONTROL OF DUSTRY 16. CAUSE OF DEATH 16. CAUSE OF DEATH 17. INFORMANT'S SIGNATUSE OR NAME 18. CAUSE OF DEATH 19. DATE OF OPERA- TION 19. DATE OF OPERA- TION 19. MAJOR FINDINGS OF OPERATION TION 21. ACCIDENT SUICIDE HOMICIDE 10. MAJOR FINDINGS OF OPERATION TION 10. MAJOR FINDINGS OF OPERATION TOWN MAJOR FINDINGS OF OPERATION THE OPERA- TION 19. MAJOR FINDINGS OF OPERATION TION 19. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE 10. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE 10. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE 10. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE 21. ACCIDENT SUICIDE HOMICIDE 22. I hereby certify that I attended the deceased from b 16 mag., fryin the causes and on the date steed above. 22. ADDRESS 23. SIGNATURE 10. ACCIDENT SIGNATURE	5. SEX 06.	COLOR OR RACE 17	WIDOWED, DIVORCED (Specifix	May 9 18	73 9. AGE (17)	
15. MS. DECRASED EVER IN U. S. ARMED FORCES! 16. GOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESSED TO MANY OF THE PROPERTY OF THE PR				11 BIRT IPLACE (Git	y and State or Foreign Cot	12. CITIZEN OF WHAT
15. MS. DECRASED EVER IN U. S. ARMED FORCES! 16. GOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESSED TO MANY OF THE PROPERTY OF THE PR	SATURD'S NAME	4	1 Ph HOTHER'S HALDEN	Masling	Lon / less	ari U.S.4.
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) 19. DISEASE OR CONDITION MEDICAL CERNIFICATION MIDICAL CERNIFICATION MEDICAL CERNIFICATION MIDICAL CER	William	Lusteda	le Mennie	Frence	MaryCa	use trustedd
Enter only one course per lime for (a), (b), and (c) "This does not mean the man as he discose, single, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT (Bpectly) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., sec.) 19d. Time (Month) 21d. TIME 21d. Time (Month) 22d. Month (Month)				17. INFORMAT'S	SIGNATULE OR N	AME PADDRESS
DRECTLY LEADING TO DEATH (a) DRECTLY LEADING TO DEATH (a) This does not mean the mode of dring, such as heart failure, eatheria, etc. It means the discase, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS DUE TO (b) DUE TO (c) TOTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discase or condition causing death. 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES \ No 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY (S. In or about Month A Thomas Month M	18. CAUSE OF DEATH		,7 ,	ERFIFICATION	-	INTERVAL BETWEEN
the mode of diging, such as heart failure, authenia, etc. It means the discose cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discose or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 11d. TIME (Month) (Day) (Year) (Hour) 21b. PLACE OF INJURY (e.g., in or about Dome, farm, factory, street, office bidg., etc.) OF INJURY 21d. How DID INJURY OCCURT WHILE AT MOT WHILE WORK 21f. How DID INJURY OCCURT TO TOWN, or TOWNSHIP) (COUNTY) (STATE) 22f. I hereby certify that I attended the deceased from Day, and that death occurred at the causes and on the date steted above. 23a. SIGNATURE (Degree or title) 23b. ADDRES AT WORK AT WORK AT WORK 10b. DATE (Degree or title) 23b. ADDRES (Degree or title) 23b. ADDRES (Degree or Title) 24c. DATE SIGNATURE (Degree or Title) 25b. DATE (Degree or Title) 25b. DATE SIGNATURE (Degree or Title) 25b. ADDRESS (Degree or Title) 25b. ADDR		I. DISEASE OR CON DIRECTLY LEADING	G TO DEATH*(a)	nua-		10days.
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TION 21a. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE 10b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 10c. (COUNTY) 10c. (Month) (Day) (Year) (Hour) (STATE) 10c. (Injury occurr) 10c. (How DID INJURY OCCUR? 10c	tion which edused death.	Conditions contributi	ing to the death but not	•	592	2X
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE home, farm, factory, street, office bldg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22f. Hereby certify that I attended the deceased from the date steed above. 22 I hereby certify that I attended the deceased from the date steed above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 22c. DATE SIGNATURE (Specify) (Signature) 24c. MANE OF CEMETERY OR CREMATORY 24d. MOCATION (Pite Jown, or county), (Signature) ATTENDATE (DATE SIGNATURE) (Signature) (Signature) ATTENDATE (Signature) (Signat	19a. DATE OF OPERA-	19b. MAJOR FINDIN	IGS OF OPERATION		*	20. AUTOPSY?
SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from to be alive on 1900, and that death occurred at the decease and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. DATE SIGNATURE (Degree or title) 23c. DATE SIGNATURE (Degree or title) 24c. DAME OF CEMETERY OR CREMATORY (Degree or title) 24d. COCATION (1)th cown, or county) (Spatial Cocation of the date stated above) 24d. COCATION (1)th cown, or county) (Spatial Cocation of the date stated above) 25d. DATE SIGNATURE (Degree or title)		<u> </u>	·			YES NO E
WHILE AT WORK 22. I hereby certify that I attended the deceased from b / 6 , 193 , to lease 2 , 195 , that I last saw the deceased prom b / 6 , 195 , that I last saw the deceased prom b / 6 , 195 , and that death occurred at 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 21b	p. PLACE OF INJURY (e.g., in or about ne, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR T	OWNSHIP) (CC	OUNTY) (STATE)
22. I hereby certify that I attended the deceased from 6 /6 , 193, to August 1, 1955, that I last saw the deceased in a live on 6 /2 , 1935, and that death occurred a last from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS (23c. DATE SIGNATURE) 23b. ADDRESS (23c. DATE SIGNATURE) 23c. DATE SIGNATURE (Specify Local Date (1954) 24c. LAME OF CEMETERY OR CREMATORY 24d. LOCATION (1954) 1955 (1954) 1		(Day) (Year) (Ho	WHILEAT TO NOT WHILE TO	21f. HOW DID INJURY	OCCUR7	· · · · · · · · · · · · · · · · · · ·
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23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. DAME OF CEMETERY OR CREMATORY 24d. (OCATION (Gitte own), or county) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Degree or title) 23b. ADDRESS 24c. DAME OF CEMETERY OR CREMATORY 24d. (OCATION (Gitte own), or county) (State of the county)	l 1º 7ºº			1953, to 10	•	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 435 5 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	23a. SIGNATURE	No. 5			the hus	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 435 5 FUNERAL DIRECTORS SIGNATURE ANDRESS	24 BUTTAL CREM	2 b. DATE	24c. NAME OF CEMETER	Y OR CREMATORY 1 2	Ad. LOCATION (District	vn, or county), (State)
REG. V	MILLA!	June 23;	As all Su	uts	lkst Gla	sgow Mo.
16-23-55 1 1/9x-1 4 X V/20 V V/VICTURE STOCKED	DATE REC'D BY LOCAL REG	L VREGISTRĀR'S SIGI	NATURE 435	Endeler -	Tremont	Classon no
(Licensed Embalmer's Statement on Reverse Side)		- july	(Licensed Embalmer's S	tatement on Reverse Side)	<i></i>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba Student Embalmer No.

by me, or by

Student

working under my personal supervision ..

Signature of Student Embalmer

Licensed Embalmer N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.